

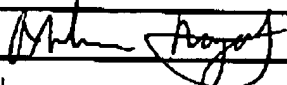
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/656,759
	Filing Date	09/08/2003
	First Named Inventor	JEFFREY STERNITZKY
	Art Unit	3644
	Examiner Name	MICHAEL J. CARONE
	Attorney Docket Number	TME1163
Total Number of Pages in This Submission		2

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CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/656,759
Filing Date	09/08/2003
First Named Inventor	JEFFREY STERNITZKY
Art Unit	3644
Examiner Name	MICHAEL J. CARONE
Attorney Docket Number	TME1183

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☐ I hereby appoint the practitioners associated with the Customer Number:

☒ Please change the correspondence address for the above-identified application to:

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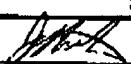
<input checked="" type="checkbox"/> Firm or Individual Name	JEFFREY STERNITZKY		
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	JEFFREY STERNITZKY		
Date	4/25/05	Telephone	520 663 4027

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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